UNITED STATES BANKRUPTCY COURT FOR THE WESTERN DISTRICT OF VIRGINIA

In re:

Shelia A. Jackson, Debtor(s).

Chapter 13 Case No. 19-60399

AMENDED CHAPTER 13 PLAN COVER SHEET AND NOTICE OF HEARING

The attached plan is an amended plan that replaces the ⊠confirmed or □ unconfirmed plan dated May 29, 2019.

The Court shall hold a hearing on confirmation of the attached plan and any timely filed objections on Thursday, November 21, 2019, at 9:30 am, at U.S. Courthouse, Room 210, 1101 Court St., Lynchburg, VA 24504.

The following describes the section(s) of the plan being amended, the change in treatment, the affected creditor(s), and the impact of the change:

Section of Plan	Change in Treatment	Creditor	Impact of Change
2.1, 2.4, 2.5	Less Money	All	Not negative
3.2, 3.5, 8.1	Vehicle now being surrendered to creditor, vehicle was a total loss in accident	Credit Acceptance Corporation	Negative, however, creditor is being paid about \$5,200.00 by Farm Bureau Insurance Company
5.1	Slight increase in estimated payment; Not negative	General, Unsecured, Non-priority Creditors	Slight increase in estimated payment; Not negative

/s/ Reginald R. Yancey Counsel for Debtor(s)

Counsel for the debtor shall file a separate certification of mailing and/or service of the amended chapter 13 plan and this cover sheet, unless the Court orders otherwise.

Page 2 of 16 Document Fill in this information to identify your case Debtor 1 Shelia A. Jackson First Name Middle Name Last Name Debtor 2 First Name Middle Name (Spouse, if filing) Last Name United States Bankruptcy Court for the: WESTERN DISTRICT OF VIRGINIA Check if this is an amended plan, and list below the sections of the plan that Case number: 19-60399 have been changed. (If known) Official Form 113 Chapter 13 Plan 12/17 Part 1: Notices To Debtor(s): This form sets out options that may be appropriate in some cases, but the presence of an option on the form does not indicate that the option is appropriate in your circumstances or that it is permissible in your judicial district. Plans that do not comply with local rules and judicial rulings may not be confirmable. In the following notice to creditors, you must check each box that applies To Creditors: Your rights may be affected by this plan. Your claim may be reduced, modified, or eliminated. You should read this plan carefully and discuss it with your attorney if you have one in this bankruptcy case. If you do not have an attorney, you may wish to consult one. If you oppose the plan's treatment of your claim or any provision of this plan, you or your attorney must file an objection to confirmation at least 7 days before the date set for the hearing on confirmation, unless otherwise ordered by the Bankruptcy Court. The Bankruptcy Court may confirm this plan without further notice if no objection to confirmation is filed. See Bankruptcy Rule 3015. In addition, you may need to file a timely proof of claim in order to be paid under any plan. The following matters may be of particular importance. Debtors must check one box on each line to state whether or not the plan includes each of the following items. If an item is checked as "Not Included" or if both boxes are checked, the provision will be ineffective if set out later in the plan. 1.1 A limit on the amount of a secured claim, set out in Section 3.2, which may result in **✓** Included Not Included a partial payment or no payment at all to the secured creditor Avoidance of a judicial lien or nonpossessory, nonpurchase-money security interest, 1.2 ☐ Included **✓** Not Included set out in Section 3.4. 1.3 Nonstandard provisions, set out in Part 8. ✓ Included Not Included Plan Payments and Length of Plan 2.1 Debtor(s) will make regular payments to the trustee as follows: \$830.00 Monthly, (Starting November 26, 2019), X = 56 Months = 46.480.00. Insert additional lines if needed. If fewer than 60 months of payments are specified, additional monthly payments will be made to the extent necessary to make the payments to creditors specified in this plan. 2.2 Regular payments to the trustee will be made from future income in the following manner. Check all that apply: Debtor(s) will make payments pursuant to a payroll deduction order. Debtor(s) will make payments directly to the trustee. Other (specify method of payment): TFS 2.3 Income tax refunds. Check one. **7** Debtor(s) will retain any income tax refunds received during the plan term. Debtor(s) will supply the trustee with a copy of each income tax return filed during the plan term within 14 days of filing the APPENDIX D Chapter 13 Plan Page 1

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Filed 10/17/19 Document Page 3 of 16 Debtor Shelia A. Jackson Case number 19-60399 return and will turn over to the trustee all income tax refunds received during the plan term. П Debtor(s) will treat income refunds as follows: 2.4 Additional payments. Check one. None. If "None" is checked, the rest of § 2.4 need not be completed or reproduced. \$6,800.00 per the 10-16-2019 Trustee's Web-site. 2.5 The total amount of estimated payments to the trustee provided for in §§ 2.1 and 2.4 is \$53,280,00. Part 3: Treatment of Secured Claims 3.1 Maintenance of payments and cure of default, if any. None. If "None" is checked, the rest of § 3.1 need not be completed or reproduced. The debtor(s) will maintain the current contractual installment payments on the secured claims listed below, with any changes required by the applicable contract and noticed in conformity with any applicable rules. These payments will be disbursed either by the trustee or directly by the debtor(s), as specified below. Any existing arrearage on a listed claim will be paid in full through disbursements by the trustee, with interest, if any, at the rate stated. Unless otherwise ordered by the court, the amounts listed on a proof of claim filed before the filing deadline under Bankruptcy Rule 3002(c) control over any contrary amounts listed below as to the current installment payment and arrearage. In the absence of a contrary timely filed proof of claim, the amounts stated below are controlling. If relief from the automatic stay is ordered as to any item of collateral listed in this paragraph, then, unless otherwise ordered by the court, all payments under this paragraph as to that collateral will cease, and all secured claims based on that collateral will no longer be treated by the plan. The final column includes only payments disbursed by the trustee rather than by the debtor(s). Name of Creditor Collateral Current installment Amount of Interest rate Monthly payment Estimated payment arrearage (if any) on arrearage on arrearage total (including escrow) (if applicable) payments by trustee **PLEASDE** Prepetition: SEE THE 2011 Schult \$0.05; **ATTACHED** Vanderbilt 64-A-39 Manuf \$683.69 Post-petition **EXHIBIT-Part** Mortgage Home. Monthly \$0.02 0.00% \$42,388.85 8.1. Disbursed by: ▼ Trustee Debtor(s) Insert additional claims as needed. 3.2 Request for valuation of security, payment of fully secured claims, and modification of undersecured claims. Check one. None. If "None" is checked, the rest of § 3.2 need not be completed or reproduced. \Box The remainder of this paragraph will be effective only if the applicable box in Part 1 of this plan is checked, V The debtor(s) request that the court determine the value of the secured claims listed below. For each non-governmental secured claim listed below, the debtor(s) state that the value of the secured claim should be as set out in the column headed Amount of secured claim. For secured claims of governmental units, unless otherwise ordered by the court, the value of a secured claim listed in a proof of claim filed in accordance with the Bankruptcy Rules controls over any contrary amount listed below. For each listed claim, the value of the secured claim will be paid in full with interest at the rate stated below. The portion of any allowed claim that exceeds the amount of the secured claim will be treated as an unsecured claim under Part 5 of this plan. If the amount of a creditor's secured claim is listed below as having no value, the creditor's allowed claim will be treated in its entirety as an unsecured claim under Part 5 of this plan. Unless otherwise ordered by the court, the amount of the creditor's total claim listed on the proof of claim controls over any contrary amounts listed in this paragraph. The holder of any claim listed below as having value in the column headed Amount of secured claim will retain the lien on the property interest of the debtor(s) or the estate(s) until the earlier of:

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Debte	or	Shelia A. J	ackson			Case number	19-60399		<u></u>
		(a) paymer	nt of the underlyin	g debt determined ı	under nonbankruptcy	law, or			
		(b) dischar	ge of the underlyi	ng debt under 11 U.	.S.C. § 1328, at whic	ch time the lien wi	ll terminate a	and be released by	y the creditor
Nam eredi		Estimated amount of creditor's total claim	Collateral	Value of solidateral	Amount of claims senior to creditor's claim	Amount of secured claim.	Interest rate	payment to to creditor n	Estimated of all of nonthly sayments
Sche Furn		\$1,400.00	1 Mattress & 1 TV	\$250.00	\$0.00	\$250.00	6.00%	APP \$10.00 x 5 Months; \$8.86 x 24 Months	\$262.64
Insert	addition	al claims as nee	eded.			-			
3.3	Secu	red claims excl	luded from 11 U.S	S.C. § 506.					
Ch	eck one.	None. If "/	None" is checked,	the rest of § 3.3 nee	ed not be completed	or reproduced.			
3.4	Lien	avoidance.							
Check	one.	None IC	Nona" in the Lat	41					
3.5		ender of collate		ine resi oj § 3.4 nee	ed not be completed	or reproaucea.			
3.3	Checi		еги.						
		None. If "A The debtore that upon c under § 130	(s) elect to surrend onfirmation of this	er to each creditor a plan the stay unde	ed not be completed listed below the coll or 11 U.S.C. § 362(a) allowed unsecured c	ateral that secures be terminated as	to the collate	ral only and that t	the stav
	of Cred	The Works of the William Park State of the Company	ALCONOMICS OF THE SECOND		PLEASE SEE	Journey. This v THE PARAGR	ehicle has APH #8.1 A	been wrecked ND THE ATTA	& totalled. CHED
	t Accep	tance ceptance Co			EXHIBIT- Par 2012 Nissan			 .	
Insert o		l claims as need	ded. and Priority Clai	ms					
l.1	Gener Truste withou		allowed priority cinterest.	laims, including do	omestic support oblig	gations other than	those treated	in § 4.5, will be	paid in full
1.2	Truste	ee's fees e's fees are gov the plan term,	verned by statute a	nd may change dur to total \$ <u>4,262.40</u>	ring the course of the	e case but are estin	nated to be <u>1</u>	0.00 % of plan pa	yments; and
1.3	Attor	ney's fees.							
	The ba	alance of the fe	es owed to the atto	mey for the debtor	(s) is estimated to be	\$ 4,052.76 .			
.4	Priori	ty claims other	r than attorney's	fees and those tre	ated in § 4.5.				
	Check	one.							

₹.

None. If "None" is checked, the rest of § 4.4 need not be completed or reproduced.

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Debtor	r Shelia A. Jackson Case number 19-60399	
4.5	Domestic support obligations assigned or owed to a governmental unit and paid less than full amount. Check one.	
Part 5:	None. If "None" is checked, the rest of § 4.5 need not be completed or reproduced Treatment of Nonpriority Unsecured Claims	
5.1	Nonpriority unsecured claims not separately classified.	
	Allowed nonpriority unsecured claims that are not separately classified will be paid, pro rata. If more than one option is checked providing the largest payment will be effective. <i>Check all that apply</i> .	, the option
V V	The sum of \$. 6 % of the total amount of these claims, an estimated payment of \$ 2.313.35 . The funds remaining after disbursements have been made to all other creditors provided for in this plan.	
	If the estate of the debtor(s) were liquidated under chapter 7, nonpriority unsecured claims would be paid approximately \$0-Regardless of the options checked above, payments on allowed nonpriority unsecured claims will be made in at least this amount	<u></u> unt.
5.2	Maintenance of payments and cure of any default on nonpriority unsecured claims. Check one.	
	None. If "None" is checked, the rest of § 5.2 need not be completed or reproduced.	
5.3	Other separately classified nonpriority unsecured claims. Check one.	
	None. If "None" is checked, the rest of \S 5.3 need not be completed or reproduced.	
Part 6;	Executory Contracts and Unexpired Leases	
5.1	The executory contracts and unexpired leases listed below are assumed and will be treated as specified. All other executor contracts and unexpired leases are rejected. Check one.	г у
	None. If "None" is checked, the rest of \S 6.1 need not be completed or reproduced.	
Part 7:	Vesting of Property of the Estate	.
<u>Ch</u> eck	Property of the estate will vest in the debtor(s) upon ck the appliable box:	
	plan confirmation. entry of discharge. other:	
Part 8:	Nonstandard Plan Provisions	
. 1	Check "None" or List Nonstandard Plan Provisions None. If "None" is checked, the rest of Part 8 need not be completed or reproduced.	
	NOTE TO CREDIT ACCEPTANCE CORPORATION:	
	RE: FILED PROOF OF CLAIM #1. The 2010 Dodge Journey is now being surrendered to you.	
	THE TRUSTEE HAS DISBURSED TO YOU THE SUM OF ABOUT \$447.90 AND	

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Debtor Shelia A. Jackson

Case number

19-60399

\$111.60 IN PRINCIPAL AND/OR INTEREST, (TOTAL \$559.50), PER THE 10-16-2019 TRUSTEE'S WEB-SITE PRINTOUT.

THE DEBTOR IS SURRENDERING TO YOU THE AFORESAID VEHICLE.

THE TRUSTEE SHALL NOT PAY YOU ANY FURTHER MONEY UNDER THIS PLAN FOR THE AFORESAID VEHICLE.

ALSO, PLEASE SEE THE ATTACHED EXHIBIT-Part 8.1.

EXHIBIT-Part 8.1:

NOTE REGARDING PART 3.1: POST-PETITION MORTGAGE FEES:

Any fees, expenses, or charges accruing on claims set forth in Section 3.1 of this Plan which are noticed to the debtors pursuant to Bankruptcy Rule 3002.1(c) shall not require modification of the debtors' plan to pay them. Instead, any such fees, expenses, or charges shall, if allowed, be payable by the debtors outside the Plan unless the debtor chooses to modify the plan to provide for them.

NOTE REGARDING PART 3.5 (SURRENDER OF COLLATERAL):

Any unsecured proof of claim for a claim of deficiency that results from the surrender and liquidation of collateral noted in Part 3.5 of this Plan must be filed by the earlier of the following or such shall be forever barred: (1) within 180 days of the date of the first confirmation order confirming a plan providing for the surrender of said collateral, (2) within the time period for the filing of an unsecured deficiency claim as established by any Order granting relief from the automatic stay with respect to said collateral. Said unsecured proof of claim for a deficiency must include appropriate documentation establishing that the collateral surrendered has been liquidated, and the proceeds applied, in accordance with applicable state law.

NOTE REGARDING PART 4.3 (DEBTORS' ATTORNEY'S FEES):

The \$3,652.76 in Debtor(s)' attorney's fees to be paid by the Chapter 13 Trustee are broken down as follows:

- (i) \$3,652.76 Attorney Fees to be approved, or already approved, by the Court at initial plan confirmation:
- (ii) \$_____: Additional pre-confirmation or post-confirmation fees already approved by the Court by separate order or in a previously confirmed modified plan;
- (iii) \$\frac{\psi_00}{\psi_0}\$: Additional post-confirmation fees being sought in this modified plan, which fees will be approved when this plan is confirmed.

NOTE REGARDING PARTS 3.2 AND 3.3 [ADEQUATE PROTECTION PAYMENTS]:

The debtor(s) propose to make adequate protection payments other than as provided in Local Rule 4001-2. Unless otherwise provided herein, the monthly payment amounts listed in Parts 3.2 and 3.3 of this Chapter 13 Plan will be paid as adequate protection beginning prior to confirmation to the holders of allowed secured claims.

NOTE REGARDING TREATMENT AND PAYMENT OF CLAIM:

--All creditors must timely file a proof of claim to receive any payment from the Trustee.
--If a claim is scheduled as unsecured and the creditor files a claim alleging the claim is secured but does not timely object to confirmation of the Plan, the creditor may be treated as unsecured for purposes of distribution under the Plan. This paragraph does not limit the right of the creditor

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to enforce its lien, to the extent not avoided or provided for in this case, after the debtor(s) receive a discharge.

- --If a claim is listed in the Plan as secured and the creditor files a proof of claim alleging the claim is unsecured, the creditor will be treated as unsecured for purposes of distribution under the Plan.
- -- The Trustee may adjust the monthly disbursement amount as needed to pay an allowed secured claim in full.

NOTE TO VANDERBILT MORTGAGE AND FINANCE, INC.

The Chapter 13 Trustee is instructed to begin making monthly payments to \ pursuant to the plan.

The Trustee will pay all post-petition mortgage payments through the plan. These mortgage payments will be classified and paid as follows:

(1) <u>Class 1</u>: The first two mortgage payments due after filing of the petition will be paid pro-rata by the Trustee as post-petition arrears, including late fees, in the approximate amount of \$1,367.40 (2 x \$683.69 plus 2 x \$0.01 = \$1,367.40); and

(2) <u>Class 2</u>: The regular post-petition mortgage payments will be paid by the Trustee beginning with the third mortgage payment due after the filing of the petition in <u>May</u>, <u>2019</u>; the total number of Class 2 payments to be made by the Trustee will equal the number of monthly plan payments being made by the Debtor(s) to the Trustee approximately <u>60</u> months, unless the plan pays off early.

The total number of monthly mortgage payments to be paid by the Trustee, (Class 1 plus Class 2), is <u>62</u> months, unless the plan pays off early.

Disbursement of ongoing post-petition mortgage payments from the Chapter 13 Trustee may not begin until an allowed claim on behalf of the mortgage has been filed.

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At the completion of the term of the plan, it is predicted that the Debtor(s) shall resume monthly mortgage payments directly pursuant to the terms of the mortgage contract beginning with the payment due in <u>April</u>, 2024.

Payments are to be in the amount of \$683.69 monthly, paid directly to Vanderbilt

Mortgage and Finance, Inc. at the following address: , Vanderbilt Mortgage and Finance,

Inc., P.O. Box 9800, Maryville, TN 37802, Account #XXXX5626, beginning with the payment due May, 2018, or as soon as practical following this date. If the claim filed by the creditor provides different information, the Trustee is to make payments in accordance with the information provided on the claim.

It is further NOTED that any payments made by the Chapter 13 Trustee on the mortgage shall be contingent on the receipt of sufficient funds from Debtor's plan payments.

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De	Shelia A. Jackson	Case number	19-60399
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l al	19: Signature(s):		-
9.1 If th If ar X	Signatures of Debtor(s) and Debtor(s)' Attorne the Debtor(s) do not have an attorney, the Debtor(s) must the ny, must sign below. Is! Shelia A. Jackson		rs are optional. The attorney for Debtor(s),
	Shelia A. Jackson Signature of Debtor 1	Signature of Debtor 2	
	Executed on October 16, 2019	Executed on	
X	Isl Reginald R. Yancey Reginald R. Yancey Signature of Attorney for Debtor(s)	Date October 16, 2019	

By filing this document, the Debtor(s), if not represented by an attorney, or the Attorney for Debtor(s) also certify(ies) that the wording and order of the provisions in this Chapter 13 plan are identical to those contained in Official Form 113, other than any nonstandard provisions included in Part 8.

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Debtor Shelia A. Jackson Case number 19-60399

Exhibit: Total Amount of Estimated Trustee Payments

The following are the estimated payments that the plan requires the trustee to disburse. If there is any difference between the amounts set out below and the actual plan terms, the plan terms control.

a.	Maintenance and cure payments on secured claims (Part 3, Section 3.1 total)	\$42,388.85
b.	Modified secured claims (Part 3, Section 3.2 total)	\$262.64
c.	Secured claims excluded from 11 U.S.C. § 506 (Part 3, Section 3.3 total)	\$0,00
d.	Judicial liens or security interests partially avoided (Part 3, Section 3.4 total)	\$0.00
e.	Fees and priority claims (Part 4 total)	\$8,315.16
f.	Nonpriority unsecured claims (Part 5, Section 5.1, highest stated amount)	\$2313.35
g.	Maintenance and cure payments on unsecured claims (Part 5, Section 5.2 total)	\$0.00
h.	Separately classified unsecured claims (Part 5, Section 5.3 total)	\$0.00
i.	Trustee payments on executory contracts and unexpired leases (Part 6, Section 6.1 total)	\$0.00
j.	Nonstandard payments (Part 8, total)	\$559.50
Tot	al of lines a through j	\$53,280.00

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i e	your case:		_			
Debtor 1 Shelia	A. Jackson					
Debtor 2 (Spouse, if filing)						
United States Bankruptcy Court	for the: WESTERN DISTRIC	CT OF VIRGINIA				
Case number 19-60399					ed filing ent showing postpetiti	
Official Form 106I					as of the following da	te:
Schedule I: Your	Income			MM / DD/ Y	YYYY	12/1
Be as complete and accurate a supplying correct information. spouse. If you are separated a attach a separate sheet to this Part 1: Describe Employ	in you are married and not ri id your spouse is not filing v form. On the top of any addi	ing jointly, and your spous with you, do not include infitional pages, write your na	se is living wi	th you, inc	lude information abo	out your
 Fill in your employment information. 		,Peb(o/≥ 1		Debtor 2	or non-filing spous	8
If you have more than one attach a separate page with information about additional	Employment status	☐ Employed ■ Not employed		☐ Emple	•	
employers.	Occupation	, tion omproyed				
Include part-time, seasonal self-employed work.	•					
	dent Employer's address					
Occupation may include stu or homemaker, if it applies.						
	How long employed	there?	_ _			
		there?	<u>-</u>			
or homemaker, if it applies. Part 2: Give Details About istimate monthly income as of	t Monthly Income		or any line, wri	te \$0 in the	space. Include your r	on-filing
or homemaker, if it applies.	t Monthly Income the date you file this form. If	f you have nothing to report for				_
or homemaker, if it applies. Part 2: Give Details About is timate monthly income as of pouse unless you are separated you or your non-filing spouse ha	t Monthly Income the date you file this form. If	f you have nothing to report for		r that perso		If you need
or homemaker, if it applies. Part 2: Give Details About stimate monthly income as of pouse unless you are separated you or your non-filing spouse hatore space, attach a separate shore space, attach a separate shore space.	t Monthly Income the date you file this form. If	you have nothing to report for an embine the information for an efforce all payroll	l employers fo	r that perso	on on the lines below.	If you need
or homemaker, if it applies. Part 2: Give Details About stimate monthly income as of pouse unless you are separated you or your non-filing spouse hatore space, attach a separate shore space, attach a separate shore space.	t Monthly Income the date you file this form. If we more than one employer, of eet to this form. salary, and commissions (buthly, calculate what the month	you have nothing to report for an embine the information for an efforce all payroll	For De	r that perso	For Debtor 2 or non-filing spouse	If you need

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De	btor 1	Shelia A. Jackson	_	Cas	se number (if known)	19-	-60399
	Cop	y line 4 here	4.	\$	or Debtor 1		or Debtor 2 or on-filling spouse N/A
5.	List	all payroll deductions:				-	
	5a. 5b.	Tax, Medicare, and Social Security deductions Mandatory contributions for retirement plans	5 a . 5b.	\$	0.00	\$ \$	N/A
	5c.	Voluntary contributions for retirement plans	5c.	\$	0.00	\$-	<u>N/A</u> N/A
	5d.	Required repayments of retirement fund loans	5d.	\$	0.00	ş-	N/A
	5e.	Insurance	5e.	\$	0.00	\$ -	N/A
	5f.	Domestic support obligations	5f.	\$	0.00	\$	N/A
	5g.	Union dues	5g.	\$	0.00	\$	N/A
	5h.	Other deductions. Specify:	5h.+	\$		+ \$	N/A
6.		the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	0.00	\$_	N/A_
7.		rulate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$_	0.00	\$_	N/A
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	0.00	\$	NVA
	8b.	Interest and dividends	8b.	\$	0.00	\$-	<u>N/A</u> N/A
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.		\$_ \$	0.00	\$_ \$	N/A
	8d.	Unemployment compensation	8d.	\$	0.00	\$-	N/A
	8e.	Social Security	8e.	\$	1,397.00	\$_	N/A
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	e 8f.	\$	0.00	\$	N/A
	8g.	Pension or retirement income	_ 8g.	\$	0.00	*-	N/A
		Pro Rata Future Mo. Inc. Tax	·	·		-	NA_
	8h.	Other monthly income. Specify: Refunds	_ 8h.+	\$_	25.00	+ \$	N/A
		Long Term Disability	_	\$_	555.53	\$_	N/A
		Contribution from adult daughter	_	\$_	200.00	\$_	N/A
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	2,177.53	\$_	N/A
10.		ulate monthly income. Add line 7 + line 9. he entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$_		2,177.53 + \$_		N/A = \$ 2,177.53
11.	Includ	all other regular contributions to the expenses that you list in Schedule de contributions from an unmarried partner, members of your household, your friends or relatives. ot include any amounts already included in lines 2-10 or amounts that are not afficient.	depend		_		
12.	Add to Write applie	the amount in the last column of line 10 to the amount in line 11. The resthat amount on the Summary of Schedules and Statistical Summary of Certaines	ult is th in Liabil	e co lities	mbined monthly i and Related <i>Data</i>	ncome	e. 12. \$ 2,177.53
							Combined
13.		ou expect an increase or decrease within the year after you file this form? No.	·				monthly income
		Yes. Explain:					

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Fill	in this information to identify y	our case:					
Det	otor 1 Shelia A. Jac	ckson			Chec	k if this is:	
Dak	otor 2				_	An amended filing	
	ouse, if filing)						wing postpetition chapter the following date:
Unit	ted States Bankruptcy Court for the	WEST	ERN DISTRICT OF VIRGI	NIA	_	MM / DD / YYYY	
	nown) 19-60399						
O	fficial Form 106J						
Sı	chedule J: Your	Exper	nses				12/15
Be info	as complete and accurate as ormation. If more space is ne mber (if known). Answer ever	possible eded, atta	. If two married people a ach another sheet to this	re filing together, be form. On the top of	oth are equ f any addition	ally responsible fonal pages, write	or supplying correct your name and case
Par 1.	Describe Your House Is this a joint case?	hold					
	No. Go to line 2.						
	☐ Yes. Does Debtor 2 live	in a separ	ate household?				
	☐ No ☐ Yes. Debtor 2 mus	st file Offic	ial Form 106J-2, <i>Expenses</i>	s for Separate House	hold of Deb	tor 2.	
2.	Do you have dependents?	□ No					
	Do not list Debtor 1 and Debtor 2.	Yes.	Fill out this information for each dependent	Dependent's relation Debtor 1 or Debtor		Dependent's age	Does dependent live with you?
	Do not state the						□No
	dependents names.			Child		26 years	■ Yes
							□ No
					· · · · · ·		☐ Yes ☐ No
							□ Yes
							□ No
							☐ Yes
3.	Do your expenses include expenses of people other to yourself and your depender	nan 🦳	No Yes				
Part	t 2: Estimate Your Ongoin	na Monthi	v Fynenses				
Esti exp	imate your expenses as of your enses as of a date after the ballicable date.	our bankru	iptcy filing date unless y	ou are using this followers	orm as a sup J, check th	oplement in a Cha e box at the top o	apter 13 case to report of the form and fill in the
the	ude expenses paid for with r					Your expe	
ιОп	ficial Form 106l.)						711303
4.	The rental or home owners payments and any rent for the			nclude first mortgage	4. \$		50.00
	If not included in line 4:						
	4a. Real estate taxes				4a. \$		0.00
	4b. Property, homeowner's				4b. \$		0.00
	 Home maintenance, re Homeowner's associate 				4c. \$		0.00
5.	Additional mortgage payme			me equity loans	4d. \$ 5. \$		0.00 0.00

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Fi	Il in this information to identify your case:				
De	ebtor 1 Shelia A. Jackson		Chec	ck if this is:	
	ebtor 2 pouse, if filing)			An amended filing A supplement show 13 expenses as of	wing postpetition chapter
'	ited States Bankruptcy Court for the: WESTERN DISTRICT OF VIRG	SINIA	_		the following date:
		BINIA		MM / DD / YYYY	
	se number 19-60399 known)				
	Official Form 106J				
<u>S</u>	chedule J: Your Expenses				12/1
1111	e as complete and accurate as possible. If two married people a formation. If more space is needed, attach another sheet to this imber (if known). Answer every question.	are filing together, be s form. On the top of	oth are equi any addition	ally responsible formal pages, write	or supplying correct your name and case
Pa 1.	It 1: Describe Your Household Is this a joint case?				<u>_</u> .
	■ No. Go to line 2.				
	☐ Yes. Does Debtor 2 live in a separate household?				
	☐ No ☐ Yes. Debtor 2 must file Official Form 106J-2, <i>Expense</i>	es for Separate House	hold of Debi	tor 2.	
2.	Do you have dependents?				
	Do not list Debtor 1 Yes. Fill out this information for each dependent	Dependent's relation Debtor 1 or Debtor 2		Dependent's age	Does dependent live with you?
	Do not state the dependents names.	<u> </u>	1.2	84 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	□ No
	·				□ Yes □ No
			_		☐ Yes
					□ No
		 -			☐ Yes ☐ No
					□ Yes
3.	Do your expenses include expenses of people other than yourself and your dependents?			·	
Est exp	Estimate Your Ongoing Monthly Expenses imate your expenses as of your bankruptcy filing date unless yenses as of a date after the bankruptcy is filed. If this is a supplicable date.	you are using this for plemental Schedule	rm as a sup J, check the	plement in a Cha box at the top of	pter 13 case to report the form and fill in the
the	lude expenses paid for with non-cash government assistance value of such assistance and have included it on <i>Schedule I:</i> 'ficial Form 106I.)	if you know Your Income		Your expe	nses
4.	The rental or home ownership expenses for your residence. I payments and any rent for the ground or lot.	Include first mortgage	4. \$		50.00
	If not included in line 4:				
	4a. Real estate taxes		4a. \$		0.00
	4b. Property, homeowner's, or renter's insurance		4b. \$		0.00
	4c. Home maintenance, repair, and upkeep expenses 4d. Homeowner's association or condominium dues		4c. \$		0.00
5.	 Homeowner's association or condominium dues Additional mortgage payments for your residence, such as ho 	me equity loans	4d. \$ 5. \$		0.00
		oquity touris	υ. Ψ		0.00

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or 1 Shelia	A. Jackson	Case nui	nber (if known)	19-60399
Utilities:				-
	y, heat, natural gas	6a	\$	150.00
	·		· ——	
6c. Telepho	ne. cell phone. Internet, satellite, and cable services		· <u> </u>	60.00
6d. Other S	pecific. Call phase		·	0.00
		<u> </u>	· •	106.00
			\$	125.00
	<u>· </u>	<u> </u>	·	<u>1</u> 50.00
				461.00
		8	. \$	0.00
		9	\$	20.00
		10	\$	20.00
		11.	\$	0.00
Transportation	Include gas, maintenance, bus or train fare.		· 	
Do not include	car payments.	12.	\$	150.00
Entertainment	, clubs, recreation, newspapers, magazines, and books	13.	\$	25.00
Charitable cor	tributions and religious donations	14.		0.00
	•	, ,,	–	
Do not include	nsurance deducted from your pay or included in lines 4 or 20			
15a. Life insu	ance	15a	\$	0.00
15b. Health in	surance		· ———	
15c. Vehicle i	Surance		·	0.00
				0.00
		15d.	\$	0.00
raxes. Do not i Specify:	nclude taxes deducted from your pay or included in lines 4 or 2			
		16.	\$	
				-
		17a.	\$	0.00
		17b.	\$	0.00
		17c.	\$	0.00
	ecify:	17d.	\$	0.00
Your payments	of alimony, maintenance, and support that you did not re	nort as	<u> </u>	0.00
deducted from	your pay on line 5. Schedule I. Your Income (Official Form	1061). 18.	\$	0.00
Other payment	s you make to support others who do not live with you.		\$	0.00
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	19	·	
Other real prop	erty expenses not included in lines 4 or 5 of this form or o	n Schedule I: V	our Income	
20a. Mortgage	s on other property			0.00
			·	
			· —-	0.00
			·	0.00
Oo Homosiu	rede econolistica en establistica de		·	0.00
			·	0.00
Other: Specify:	Haircuts/Grooming	21,	+\$	30.00
`alculate vour	monthly expenses		_	
				1,347.00
		06J-2	\$	
2c. Add line 22	a and 22b. The result is your monthly expenses.		\$	1,347.00
N-4- 1-4				
				2,177.53
3b. Copy you	monthly expenses from line 22c above.	23b.	-\$	1,347.00
		1		
	our monthly expenses from your monthly income.		_	_
	is your monthly net income.	23c.	\$	830.53
	6a. Electricity 6b. Water, so 6c. Telephor 6d. Other. Sp Internet DirecTV Food and house Childcare and Clothing, launce Personal care Medical and de Transportation Do not include of Entertainment, Charitable con Insurance. Do not include i 15a. Life insurance. Do not include i 15a. Life insurance. Take insurance. Tother insurance. Take insurance. T	6a. Electricity, heat, natural gas 6b. Water, sewer, garbage collection 6c. Telephone, cell phone, Internet, satellite, and cable services 6d. Other. Specify: Cell phone Internet Service DirecTV Food and housekeeping supplies Childcare and children's education costs Clothing, laundry, and dry cleaning Personal care products and services Medical and dental expenses Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. Entertainment, clubs, recreation, newspapers, magazines, and books Charitable contributions and religious donations Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15d. Other insurance. Specify: Taxes. Do not include taxes deducted from your pay or included in lines 4 or 2 specify: Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 1 17c. Other. Specify: Your payments of alimony, maintenance, and support that you did not rededucted from your pay on line 5, Schedule 1, Your Income (Official Form Other payments you make to support others who do not live with you. Specify: Other real property expenses not included in lines 4 or 5 of this form or condition of the payments of alimony, or renter's insurance 20a. Mortgages on other property 20b. Real estate taxes 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20e. Homeowner's association or condominium dues 21cher: Specify: Paircuts/Grooming Calculate your monthily expenses 22a. Add lines 4 through 21.	6a. Electricity, heat, natural gas 6b. Water, sewer, garbage collection 6c. Telephone, cell phone, Internet, satellite, and cable services 6d. Other. Specify: Cell phone Internet Service Direct V Food and housekeeping supplies Childcare and children's education costs Clothing, laundry, and dry cleaning Personal care products and services Medical and dental expenses 11. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. Entertainment, clubs, recreation, newspapers, magazines, and books Charitable contributions and religious donations Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15c. Vehicle insurance 15d. Other insurance. Specify. 15d. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. 15c. Specify. 15d. Car payments for Vehicle 1 17a. Car payments for Vehicle 2 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Other. Specify: 19d. Mortgages on other property 20b. Real estate taxes 20c. Property, homeowner's, or renter's insurance 20c. Homeowner's association or condominium dues 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 22d. Molines 4 through 21. 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 22c. Add lines 4 through 21. 22c. Add lines 4 through 22b. The result is your monthly expenses. 23a. Copy line 12 (your combined monthly income) from Schedule I. 23a.	6a. Electricity, heat, natural gas 6b. Water, sewer, garbage collection 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. \$ 6d. Other. Specify: Cell phone Internet Service DirecTV \$ Food and housekeeping supplies Food supplies Food and housekeeping supplies Food and housekeeping supplies Food and housekeeping supplies Food and housekeeping supplies Food and supplies Food and supplies Food and supplies Food supplies Food and supplies Food and supplies Food supplies Food s